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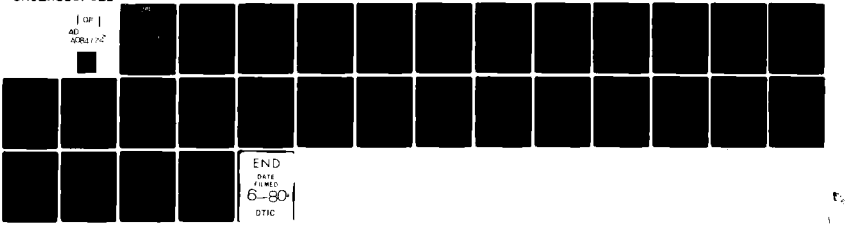

ARMED FORCES EXAMINING & ENTRANCE STATIONS MOBILIZATION CAPACITY

By

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Prepared for the

Deputy Assistant Secretary of Defense
(Program Management)

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STUDY EXAMINES CAPACITY OF ARMED FORCES EXAMINING AND ENTRANCE STATIONS TO MEET MOBILIZATION WORKLOADS. IT CONCLUDES THAT THERE IS SUFFICIENT CAPACITY TO MENTALLY AND PHYSICALLY EXAMINE INDUCTEES AND VOLUNTEERS (AS CURRENTLY PROJECTED), IF SUFFICIENT MEDICAL DOCTORS AND OTHER PERSONNEL ARE PROVIDED BY THE SERVICES. IT IDENTIFIES PROBLEM AREAS AND RECOMMENDS FIXES AND SYSTEM REFINEMENTS.

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CONTENTS

SUMMARY

The Armed Forces Examining and Entrance Stations (AFEES) are charged with processing and accepting enlisted personnel into the Military Services during peacetime and in the event of mobilization.

This study examines their capacity to meet their mobilization mission. Analysis is based on present capability and actual, stated mobilization requirements and plans. Programmed and contemplated changes and improvements in the system are identified, but they are not used speculatively to change capability. The study addresses the situation that exists now.

It concludes that the AFEES can process the expected mobilization workload, that their capability should increase in the near term, but that there are some problems that do now or could adversely affect their efficiency.

Among these problems are inadequate ADP capability and reliance on manual personnel operations and uncertainty concerning availability and source of mobilization manpower resources, particularly doctors. In addition, the intention on the part of the Army to individually MOS classify inductees at the AFEES and the absence of procedures and clear responsibilities for controlling flow throughout the system could cause serious difficulties during mobilization.

In spite of these difficulties, the AFEES can supply the manpower required by the services, even with some capacity in excess of present requirements. Resolution of the problems identified in the study could either increase their capacity or permit a reduction in resources needed during mobilization.

INTRODUCTION

PURPOSE AND SCOPE

The purpose of this study is to evaluate the capacity of the Armed Forces Examining and Entrance Stations (AFEES) to process personnel during mobilization. It addresses also the question of interface, coordination and flow control between the Selective Service System (SSS), the AFEES and the service training establishments. It identifies problems and suggests ways to deal with those problems. The study reviews the mission, organization and procedures of the AFEES and then assesses their capacity and capabilities under both normal and mobilization conditions. These then are compared to mobilization requirements. In the process, problem areas are identified, and corrective measures are recommended.

The AFEES serve as the entry point for all non-prior service enlisted personnel into the Armed Forces. The facilities are distributed geographically in a pattern that has evolved over the years and which economically accommodates recruiting efforts. There is occasional relocation or consolidation of stations, but the structure has remained relatively static for many years. It is this structure that must, initially at least, deal with the massive accession of personnel that will take place during full mobilization.

In the past, under military draft conditions, the armed forces were able to maintain the active forces with short-term inductees and enlistees, many of whom were draft-induced. During those times, the AFEES processed both inductees and volunteers in a relatively controlled flow. In periods of increased need, the flow was increased to satisfy that need, and sudden impacts on the system did not materialize.

The advent of the All Volunteer Force (AVF) has changed the peacetime AFEES process and presented the AFEES with a new mobilization role. The active forces are smaller today, and personnel stay in the active force longer. The result is that fewer pass into the reserve components, resulting in a steadily declining and much smaller reserve. Since the reserve components' capability to meet mobilization requirements constantly decreases, it will be the function of the AFEES in the event of emergency to process and ship large numbers of new accessions to the Services in a very short time.

THE PROBLEM

The problem facing the AFEES is not simply one of expanding to meet increased requirements. Upon mobilization, there will be several sources of accessions, each with different processing needs: volunteers, male and female, SSS inductees, already accessed personel in the Delayed Entry Program (DEP), and members of the Individual Ready Reserve (IRR). This requires design of a system that melds various processing requirements. The process must also be structured to mate with the capability of the SSS to produce Registrants, the Services' needs and the capacity of their training establishment to accept inductees. Once AFEES output increases, particularly after the SSS starts functioning, flow control from Notice of Induction to the Training Centers becomes a major consideration.

THE AFEES MISSION

PEACETIME MISSION

"The primary mission of AFEES is to examine applicants to determine their medical and mental qualifications for enlistment in the U.S. Armed Forces in accordance with eligibility standards established by the Service concerned, and enlist in the Armed Forces those applicants accepted for enlistment by the sponsoring military service."1/

In addition to these missions, the AFEES also are charged with conducting medical examinations for other Federal activities, provided these are scheduled and don't interfere with their primary mission.

MOBILIZATION MISSION

During mobilization, the AFEES additionally should be prepared to "Examine registrants forwarded by the Selective Service System and determine their medical, mental, and administrative qualifications for military service. Induct qualified registrants and ship them to duty stations designated by the respective Services."2/

Added to this task is the requirement to assist in processing members of the U.S. Marine Corps IRR.

1/ AR 601-270/C1, 15 Dec. 1978, p. 1-1.

2/ Ibid., p. 9-3.

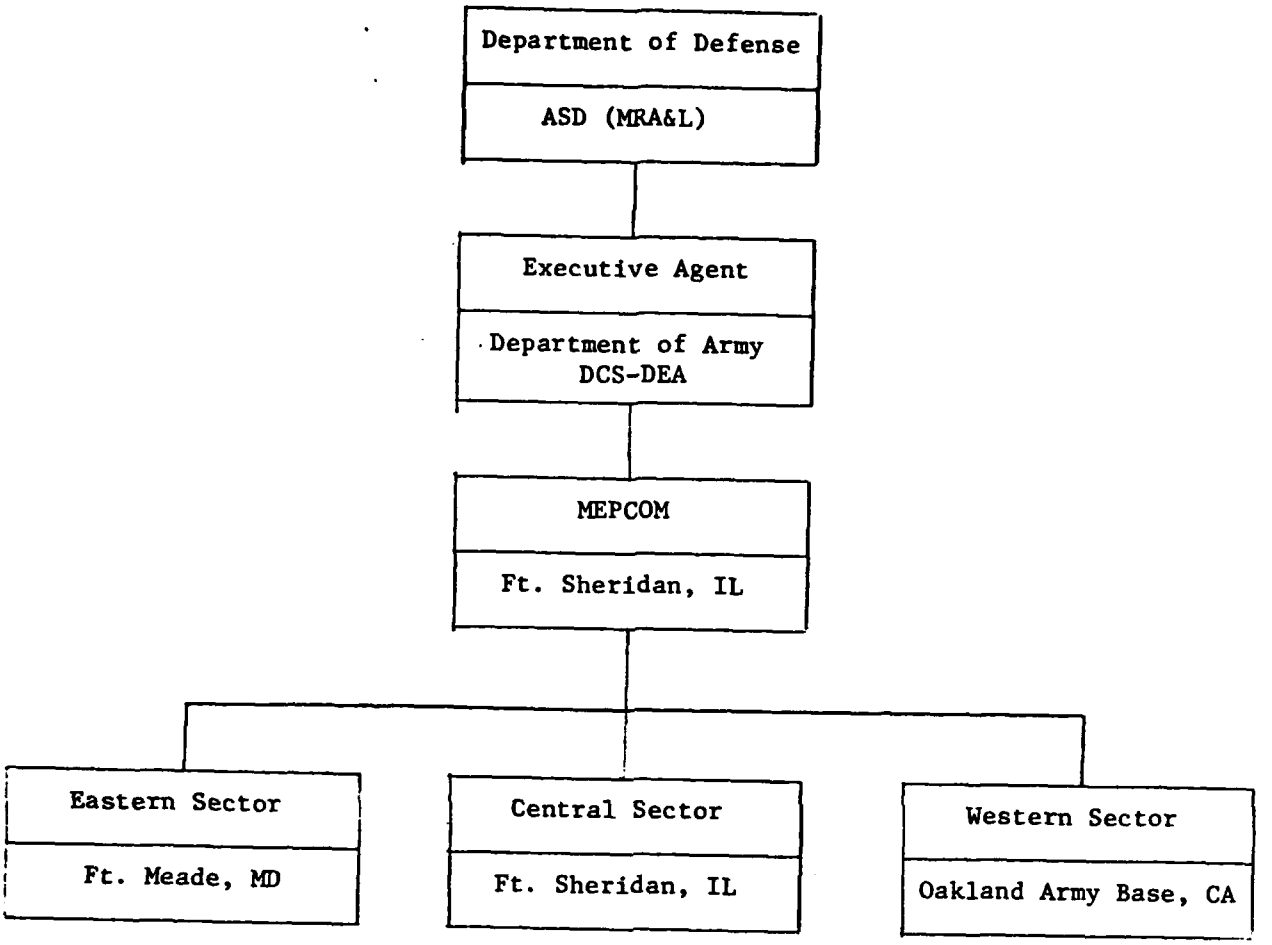
ORGANIZATION

The armed forces personnel accession system is a joint endeavor with the Department of the Army acting as Executive Agent for the Department of Defense. Within DOD, the Office of the Assistant Secretary of Defense (Manpower, Reserve Affairs and Logistics), ASD(MRA&L) has overview responsibilities and provides policy guidance to the Executive Agent. General staff supervision and control reside with the Army Deputy Chief of Staff for Personnel.

Operational command, control and planning is assigned to the Military Enlistment Processing Command (MEPCOM). MEPCOM carries out its functions through three geographically-oriented sectors, each of which directs about 20 AFEES.

The AFEES are organized functionally. Each AFEES has a headquarters and three operating sections: mental testing, medical examination, and enlistment processing. The strength of the individual stations varies according to expected workload and ranges from about 20 in a small AFEES to 60-70 in a large one.

The organizational structure and its individual components are shown on the following page.



AFEES
Albany, NY
Atlanta, GA
Baltimore, MD
Beckley, WV
Boston, MA
Buffalo, NY
Charlotte, NC
Ft. Hamilton, NY
Ft. Jackson, SC
Harrisburg, PA
Jacksonville, FL
Manchester, NH
Miami, FL
Newark, NJ
New Haven, CT
Philadelphia, PA
Pittsburgh, PA
Portland, ME
Raleigh, NC
Richmond, VA
San Juan, PR
Springfield, MA
Syracuse, NY
Wilkes Barre, PA

24 AFEES

AFEES
Chicago, IL
Cincinnati, OH
Cleveland, OH
Columbus, OH
Des Moines, IA
Detroit, MI
Fargo, ND
Indianapolis, IN
Jackson, MS
Kansas City, MO
Knoxville, TN
Little Rock, AR
Louisville, KY
Memphis, TN
Milwaukee, WI
Minneapolis, MN
Montgomery, AL
Nashville, TN
New Orleans, LA
Omaha, NE
St. Louis, MO
Shreveport, LA
Sioux Falls, SD

23 AFEES

AFEES
Albuquerque, NM
Amarillo, TX
Boise, ID
Butte, MT
Dallas, TX
Denver, CO
El Paso, TX
Fresno, CA
Honolulu, HI
Houston, TX
Los Angeles, CA
Oakland, CA
Oklahoma City, OK
Phoenix, AZ
Portland, OR
Salt Lake City, UT
San Antonio, TX
San Diego, CA
Seattle, WA
Spokane, WA

Substations
Anchorage, AL
Guam

20 AFEES

PEACETIME PROCEDURES

Each AFEES follows slightly different procedures that are influenced by local conditions such as workload, layout of the facility, medical assistance provided locally, and logistic limitations. Nevertheless, all must accomplish certain activities and complete the process within a given time. They normally operate eight hours a day, five days a week and attempt to both process and ship candidates in one day.

The essentials of processing are mental testing, physical examination, moral evaluation, initiation of an Entrance National Agency Check (ENTNAC), skill classification and enlistment. The process begins with the recruiter who follows one of two courses: he either arranges for the applicant to report to the AFEES for examination and processing, or he arranges for the applicant to take the mental examination at a convenient Mobile Examination Test Site (METS). Roughly half the applicants are tested at METS. In addition, the recruiter initiates action to assure that the candidate has the moral qualifications for enlistment.

Regardless of which procedure is followed, it is the recruiter's responsibility to deliver the applicant to the AFEES, normally on the night before processing and after coordination with the AFEES. Applicants are billeted and fed at or near the AFEES, usually on a contract basis.

On the morning of processing, the candidates are transported to the AFEES, and from that point, several different processing sequences are followed. Ideally, a straight line flow would be the most efficient way to process an individual so that at any failure point, the process could be discontinued without further commitment of resources. In some AFEES, this can be done, but in many, some applicants must be given physical exams at the same time others are being mentally tested. The diagram that follows depicts the variations that can be followed.

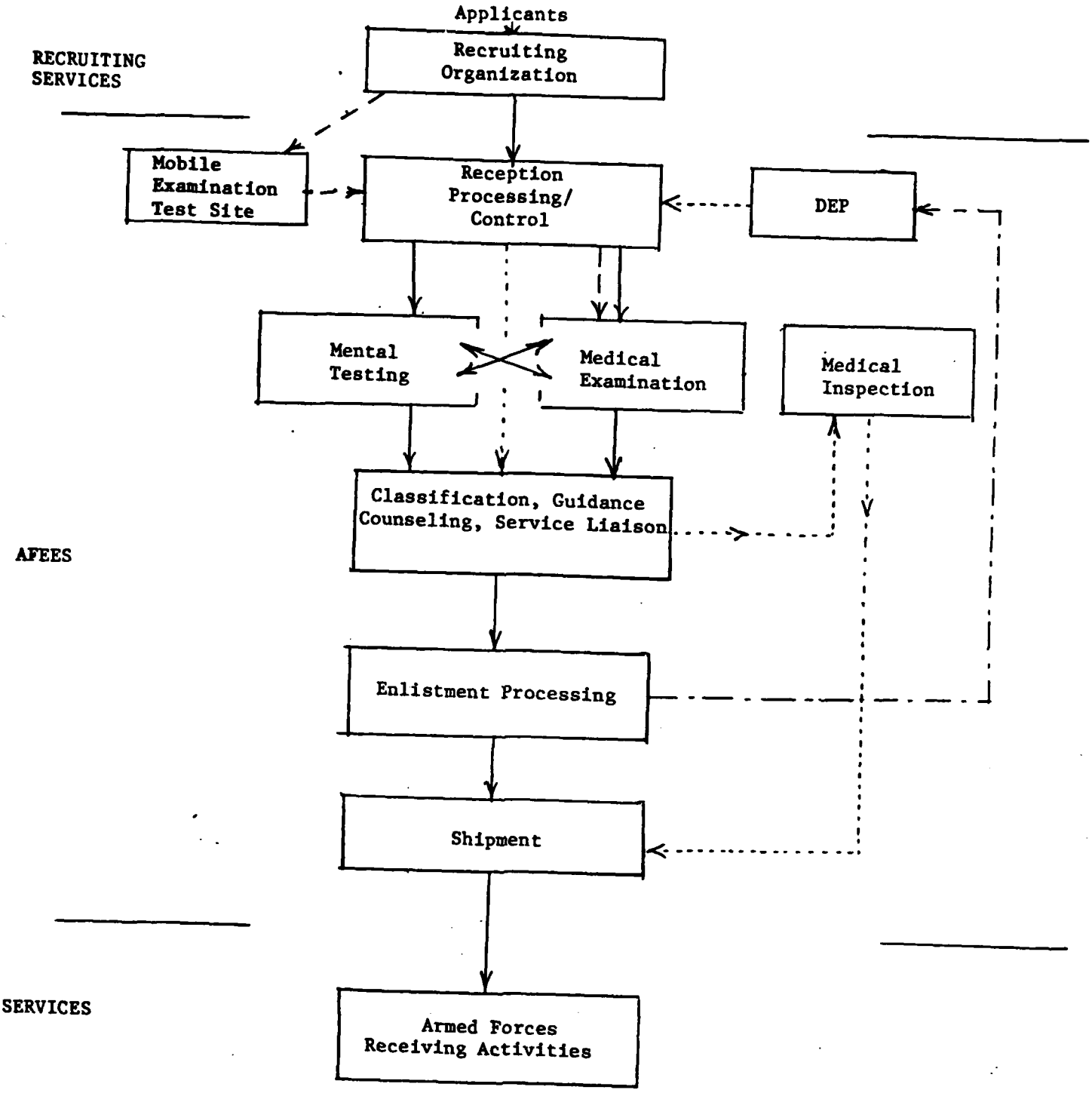
AFEES PROCESSING FLOW

In all instances, applicants are initially briefed on the process, the schedule they will follow and what is expected of them.

At the end of the orientation, the candidates are broken into categorical groups by service. These groups include (1) active and reserve component candidates who will be shipped at the end of the day, (2) Delayed Entry Program enlistees being processed for shipment (DEP-out), and (3) those being processed for the first time (DEP-in). Candidates are further subdivided into those who have completed mental testing (at METS) and those who still need mental testing.

These categories regulate to some degree how processing is to take place. For example, those who have already been mentally tested can commence their physical examinations, while those requiring mental tests start at that point. The DEP-outs returning through the AFEES receive a physical inspection (not

AFEES PROCESSING FLOW



full examinations) and then go directly to their respective service representative for confirmation of their assignments and are sworn into active duty and are shipped. If all goes smoothly, each group clears an operation before another arrives, and all terminate with enlistment. Flow can be adjusted and controlled to some extent at all steps in the process.

Causes of delays in the process are not universal, but among them are time spent in hand-scoring the mental tests, x-ray processing and reading, medical examinations (particularly female examinations) and finally the work entailed in the classification process. The individual AFEES have developed various techniques to overcome these problems, primarily by varying processing sequence.

PROCESSING CAPABILITY

FACILITY CAPABILITY

Based on design and space limitations, building codes and standards the 67 AFEES have the capacity to handle efficiently about 10,500 individuals during an eight-hour period. However, equipment limitations, unique design limitations which inhibit optimum conduct of either mental or medical examination of personnel processing degrades this capacity to some degree. The extent of this degradation is not known, but if it were assumed to be about ten percent, then we can arrive at a facility capability of about 9,500 personnel each eight hours.

PERSONNEL PROCESSING CAPABILITY

The manual aspects of processing currently in effect limit the capacity of the AFEES. Mental tests are scored by hand, and personnel data entry and administrative processing is time consuming.

In addition, regulations preclude initiating or terminating movement of new accessions between 2400 hours and 0600 hours. This often forces early completion of processing in order to ship personnel in time to meet the 2400 hour deadline. It has been estimated that, excluding administrative processing and data entry for qualified applicants (which frequently goes on after the enlistees have departed), the effective processing day is actually only five hours long.1/

MENTAL EXAMINATION CAPABILITY

During normal operations mental examinations can be given in several ways. They can be given during processing at the AFEES, or they can be given at some place more convenient for the applicant. In the latter mode testing can be conducted at a Mobile Examination Test Site and administered by AFEES personnel, or it can be conducted at designated locations by Civil Service Commission personnel under agreement with the Department of the Army. Approximately one-half the testing is done off-site. It is difficult to establish a capability under these conditions, but based upon the number of testers assinged to the AFEES and assuming that each monitors 25 (one batch) tests each day, the daily capability is at least 14,150 mental examinations a day.

MEDICAL EXAMINATION CAPABILITY

Medical examination capability is dependent on several elements. The number of examinations a doctor can complete, the mixture of male and female

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1/ Industrial Management Survey of AFEES Operations, Vol. 2. Dudley G. Anderson, January 1976, Stanford Research Institute, Menlo Park, California.

applicants, and the frequent necessity to have x-ray plates taken to some other location to be read on a fee basis are examples of these. For planning purposes, a medical examination rate of 40 complete physicals per day per doctor is used. MEPCOM has arrived at a medical capability based upon staff size for each of its AFEES. Those stations listed as lower than 40 in medical capability usually are manned at a level sufficient only to support normally low workloads. The limitation in these cases is medical technicians, not doctors.

Table 1 depicts MEPCOM's stated daily capability in terms of facilities and physical examinations. While the medical capability is, for the reasons outlined in the preceding paragraph, a conservative estimate, it can serve as a baseline upon which to build. Using these figures, the AFEES have a stated day-to-day capability to process about 4,000 personnel.* Actually, they can process numbers in excess of this. A more realistic capability can be computed by using the number of physical examinations a doctor can give in a day and multiplying it by the number of doctors on board.1/ Each AFEES has one assigned military doctor. Additional doctors are hired on a fee basis as workload demands. On this basis, there are about 119 doctors working daily in production line mode. The number of physicals they could process would be 4,760 each day.

The AFEES surge capability was demonstrated from 27 to 31 December 1976, just before the noncontributory "G.I. Bill" education eligibility expired. During that five-day period, the entire system processed more than 48,600 applicants and enlisted nearly 22,700.2/ The average daily workload was 9,720, close to the nominal station capacity indicated in Table 1. Even though the AFEES worked additional hours and made heavy use of fee-base doctors, this impressive performance also lends credence to the thought that current medical processing capability may be understated.

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* Table 1 does not include San Diego, which has just opened. Its personnel strength, 23, puts it into the small AFEES category. For convenience, we have assigned it an estimated medical capability of 35 per day, which rounds total daily medical capability to 4,000.

1/ MEPCOM has set 40 male physicals as a doctor's daily norm. Fee basis physicians are hired after the AFEES reaches 45 equivalent male physicals. Additional doctors are acquired to support each additional increment of 45 physical examinations.

2/ After Action Report. AFEES Processing, 27-31 Dec. 1976, Hq. MEPCOM, 4 February 1977.

For comparative purposes, three levels of medical processing capability can be depicted, as follows:

COMPARATIVE MEDICAL CAPABILITY
(Full Male Physicals)

	Per Day	Per 5-Day Week	Per 22-Day Month
Stated	4,000	20,000	88,000
Computed (40 physicals per doctor)	4,760	23,800	104,720
1976 Surge Rate*	6,318	31,590	138,996

* Based on 9,720 daily workload, assume 30% go directly to physical, 70% to mental qualification exam. Assume mental failure rate at 50% ∴ physicals = 65% total processed.

AFEES	Station Permanent Capacity 1/	Present Medical Capability 2/
EASTERN SECTOR		
Albany, NY	75	40
Atlanta, GA	225	75
Baltimore, MD	300	100
Beckley, WV	75	40
Boston, MA	250	100
Buffalo, NY	150	50
Charlotte, NC	175	50
Coral Gables, FL	125	75
Ft. Hamilton, NY	350	125
Ft. Jackson, SC	175	50
Harrisburg, PA	125	25
Jacksonville, FL	225	75
Manchester, NH	50	25
Newark, NJ	350	150
New Haven, CT	150	40
Philadelphia, PA	200	100
Pittsburgh, PA	200	75
Portland, ME	40	40
Raleigh, NC	150	50
Richmond, VA	175	50
San Juan, PR	100	25
Springfield, MA	75	40
Syracuse, NY	125	40
Wilkes-Barre, PA	75	25
TOTAL	3940	1465
CENTRAL SECTOR		
Chicago, IL	250	175
Cincinnati, OH	175	50
Cleveland, OH	250	100
Columbus, OH	150	75
Des Moines, IA	150	50
Detroit, MI	450	175
Fargo, ND	50	25
Indianapolis, IN	175	75
Jackson, MS	125	40
Kansas City, MO	225	50
Knoxville, TN	125	25
Little Rock, AR	100	40
Louisville, KY	175	75

AFEES	Station Permanent Capacity 1/	Present Medical Capability 2/
CENTRAL SECTOR		
Memphis, TN	125	40
Milwaukee, WI	225	75
Minneapolis, MN	225	75
Montgomery, AL	225	75
Nashville, TN	100	25
New Orleans, LA	175	50
Omaha, NE	125	40
St. Louis, MO	225	100
Shreveport, LA	100	25
Sioux Falls, SD	50	25
TOTAL	3975	1485
WESTERN SECTOR		
Albuquerque, NM	50	25
Amarillo, TX	50	25
Boise, ID	40	25
Butte, MT	40	25
Dallas, TX	175	75
Denver, CO	150	50
El Paso, TX	40	25
Fresno, CA	75	40
Honolulu, HI	50	25
Houston, TX	175	50
Los Angeles, CA	450	200
Oakland, CA	350	125
Oklahoma City, OK	150	50
Phoenix, AZ	100	50
Portland, OR	150	50
Salt Lake City, UT	75	25
San Antonio, TX	150	75
Seattle, WA	150	50
Spokane, WA	75	25
TOTAL	2495	1015

1/ Permanent capacity represents the maximum number of applicants/inductees that the station can handle efficiently during an eight hour period. This is a design/space limitation based upon building codes and standards.

2/ Present medical capability represents the maximum number of applicants that the station can handle efficiently during an eight hour period because of staff size. In almost every case, staff sizes would have to be increased to accept the permanent design capacity.

MOBILIZATION REQUIREMENTS

When full mobilization is directed, the workload at the AFEES will increase dramatically. The variety of personnel categories they will have to handle will double. They will be required to process not only Volunteers and the DEP-outs, but also the Marine Corps IRR and Selective Service Registrants. The great majority of the workload will be Registrants, commencing at about M+30. If past history is reliable, enlistments will continue at the present or higher level, at least initially.

The Military Selective Service Act states that ".... no person shall be accepted for enlistment after he has been issued an order to report for induction unless authorized by the Director of Selective Service and the Secretary of Defense ...."1/ The act also permits "volunteers for induction" to enter the services much as enlistees if they can qualify.2/ The declaration of an emergency and activation of a draft could well trigger a rush of these "volunteers" simply to be able to choose their time and service and to avoid service in an undesirable role. At the present, there is no clear guidance on how these provisions are to be rationalized. In a national emergency, until the draft starts to function, at least, voluntary enlistments probably will be at least as high as in peacetime and, depending on how volunteers for induction are to be treated, will either remain that way or drop to a level sustained by volunteers (male and female) not liable for the draft.

The DEP-outs will be processed through the AFEES early, the actual time depending upon their school status. These personnel do not constitute the same workload that initial candidates do. They are already members of the Armed Forces. They simply receive a medical inspection, which takes about one-tenth the time a full male physical does, and have their initial assignments confirmed and orders and administrative processing completed.

The AFEES is also charged with processing the IRR. In practice, only the Marine Corps will use the AFEES; the other services will order members of the IRR directly to assignments and stations without an intermediate stop at the AFEES. The Marine Corps, however, will do a great deal of the processing themselves and will not use all of the AFEES facilities. The Marine Corps' plan is to use 50 of the AFEES as Mobilization Stations and man them with reservists called to active duty specifically to process the IRR members. The major demand on the AFEES would be to give full physicals to those members of the IRR who had not had one within a year and medical inspections to those who had. In addition, the AFEES assignment system would have to be used to determine first duty station of the IRR member. The remainder of the processing tasks would be handled by the Marine Corps teams at the AFEES.

1/ Military Selective Service Act, Title I, Section 15.

2/ Ibid., Section 46.

The mass of the AFEES wartime mobilization load will be the SSS Registrants. The Selective Service System is charged with delivery of sufficient registrants to induct 650,000 men by M+180 on the following schedule.

DELIVERY TO AFEES

First Inductee	by	M+30
100,000 Inductees	by	M+60
650,000 Inductees	by	M+180

Selective Service faces a very difficult task in preparing to meet this requirement. The most recent Selective Service plan calls for young men to be registered and induction notices sent out in sufficient time to permit classification, requests for delays and deferments and for individuals to arrange their personal affairs prior to reporting for induction. Selective Service estimates that for each inductee into the Armed Forces, notices of induction must be sent to six registrants. That is, 600,000 notices of induction must be sent to deliver 100,000 inductees to the Armed Forces. A recent study, however, presents a convincing argument to the effect that this ratio is too high and should be on the order of 3.5 to 1.1. 1/

PROCEDURE CHANGES DURING MOBILIZATION

The AFEES mode of operation will change as mobilization gets under way. There will be a phase-down of METS testing as the time approaches to receive the first inductee. Additional personnel will be assinged based upon the Qualified Military Available (QMA) population projections for each AFEES area, and the medical and personnel processing sections in particular will be expanded. Doctors are projected to increase from the current 67 assigned to 288 assigned. Overall manning will increase to 6,089 spaces, an increase of 3,680 spaces above the current authorization of 2,409. The relationship between AFEES Mobilization manning and QMA males for each AFEES is shown below.

When workload exceeds normal capacity, and at least by M+30, the AFEES will operate in a two-shift, six-day-a-week mode. Time limitations on shipping out inductees would no longer apply, and there would be no new DEP. The advent of automated test scoring machinery (FY 81) will greatly alleviate the workload associated with administering mental examinations and will reduce the time spent on scoring tests from about five minutes per test to one minute.

1/ Mobilization Planning - The Disposition of Military Manpower Under Emergency Mobilization Procedures, 1979. HUMRO, Alexandria, Va.

MOBILIZATION CAPACITIES

Upon designation of M-Day, AFEES capabilities will gradually increase up to a capacity level limited by time, personnel manning or station capacity. The following capacities are arrived at through a process of relating daily capabilities to various modes of operation.

FACILITY CAPACITY

Based upon AFEES Station Capacity of 10,500 personnel per eight-hour shift and a resulting estimated physical capability of accommodating 9,500 personnel per shift, the AFEES can, when fully mobilized, accommodate 19,000 personnel each two-shift day.

MOBILIZATION FACILITY CAPACITY

Per Shift	Per Day	Per 6-Day Week	Per 26-Day Month
9,500	19,000	114,000	494,000

PERSONNEL PROCESSING CAPACITY

Classification and personnel processing itself is time consuming. This can and will be accommodated by assignment of additional personnel to handle the load. A potential bottleneck is the plan on the part of the Army to individually MOS classify inductees prior to shipment to mobilization stations. The inordinate amount of time required to do this has now been recognized by the Army, and they are developing a batch classification system that will be compatible with the Recruit Quota System (REQUEST).

MENTAL EXAMINATION CAPACITY

Each test monitor can supervise up to 25 mental examinations, and examinations can be scheduled, depending on AFEES size and how shifts are arranged, 2 to 2.5 times a shift. Therefore, each monitor can handle at least 50 examinations a day. Based on these factors, Chicago (2.5) for example could handle 1,600 mental exams per day, Buffalo (2.0) could handle 600, and Albuquerque (2.0) about 350. System capacity is a minimum of 39,000 mental exams per day.

MOBILIZATION MENTAL TESTING CAPACITY

Per Shift	Per Day	Per 6-Day Week	Per 26-Day Month
19,500	39,000	234,000	1,014,000

MEDICAL CAPACITY

The AFEES' estimated capability, based upon their stated normal capability or on their computed capability with the same number of physicians,

each giving 40 full male physicals, is depicted below. These capabilities would be typical during the buildup to planned mobilization capacity.

AFEES MOBILIZATION MEDICAL EXAMINATION CAPABILITY (M-DAY)
(Full Male Physicals)

	Per Shift	2 Shifts	Per 6-Day Week	Per 26-Day Month
Stated	4,000	8,000	48,000	208,000
Computed	4,760	9,520	57,120	247,520

MEPCOM's Mobilization Plan calls for the addition of some 225 additional medical doctors by M+30 for a total of 292. When this buildup is complete, the AFEES Medical Examination Capacity based on each doctor giving 40 physicals per eight-hour shift would be:

AFEES MOBILIZATION MEDICAL EXAMINATION CAPACITY (M+30)

Doctors	Exams Per Doctor	Per Day	Per 6-Day Week	Per 26-Day Month
292	40	11,680	70,080	303,680

AFEES mobilization capacity based on current plans can be summarized as follows:

AFEES DAILY CAPACITY

Facilities	Mental Exams	Male Physical Exams
19,000	39,000	11,680

It is apparent that medical capacity is the most constrained and therefore the most critical facet of mobilization.

PROJECTED MAXIMUM MOBILIZATION CAPACITY

Capacity could be increased beyond the point present plans permit, up to the limit of facility capacity. This could be done by adding a third shift each day and/or extending the work week to seven days. Obviously additional personnel would be required to carry out some functions (doctors and medical technicians), but the matrix below also suggests that the mental sections may already be more than adequate to handle the maximum number of personnel the facilities could accommodate.

PROJECTED AFEES CAPACITIES

	Mode	Per Day	Per 6-Day Week	Per 7-Day Week
Facilities	2 Shift	19,000	114,000	133,000
	3 Shift	28,500	171,000	199,500(Limit)
Mental	2 Shift	39,000	234,000	273,000**
	3 Shift	58,500*	351,000	409,000
Medical	2 Shift	11,680	70,080	81,760**
	3 Shift	17,520*	105,120	122,640

* 33% additional personnel assumed. Approximately 700 doctors could raise output to facility limit.

** Some additional personnel would be required for the one day additional workload.

MOBILIZATION PROCESSING YIELDS

Physical and mental standards for induction in time of war or national emergency are set by the Military Selective Service Act. The law states, in part ".... the minimum standards for physical acceptability established pursuant to this subsection shall not be higher than those applied to persons inducted between the ages of 18 and 26 in January, 1945: Provided further, that the passing requirement for the Armed Forces Qualification Test shall be fixed at a percentile score of 10 points."

Since both medical and mental requirements at present are higher than this, it can be anticipated that yields from among the registrant group will be higher than those experienced today. Today's medical rejection rate is about 37%. In August, 1945, records were kept somewhat differently, and an exact match of rejection rates could not be achieved. But from the data located an expected rejection rate of 25% for males in the 18-25 age group would seem reasonable for yield projections.1/

Mental rejection rates can be estimated at 10%. Various yields of Mental Group V have been developed over the years under varying conditions. They have ranged from 6.2% to 12%.2/ By comparison, current mental rejection rate is about 51%.

The significance of this is that doubling processing capacity at the AFEES will more than double processing yield under mobilization standards. For example, instead of one of two failing the mental examination and one of three the physical, only one of ten will fail the mental examination and one of four the physical. Out of a sample of 100, nearly 70 would be qualified under mobilization conditions compared to about 30 during peacetime. Doubling capacity would yield 140 versus 60 under peacetime standards.

1/ Selective Service in WW II, 1947. ICAF Washington, D.C.

2/ Mobilization Planning - Draft HUMRO Report, 1979.

Further increases in yield could be anticipated. Increased time available for processing will result from the removal of travel restrictions. Instead of five or six effective hours per shift available, this could be increased to perhaps seven hours per shift or 14 to 15 hours per day. In addition economies of scale will result in some operations that will increase efficiency and output.

AFEES MOBILIZATION CAPABILITY VERSUS REQUIREMENT
(Specific time-phased requirements are in Annex A)

AFEES total processing requirement from M-Day to M+30 is programmed to approximate peacetime loads. Major effort will be expended on volunteers and a much lower level of effort on the Marine Corps IRR and the DEP, even though their numbers are large. It is apparent from the following graphics that the capacity during this period exceeds planned loads, and greater numbers could be accessed up to the AFEES capacity or the training base ability to accept them.

At M+30, workload increases sharply. In order to deliver 100,000 inductees between M+30 and M+60, the AFEES must induct, on average, 3,846 SSS Registrants each day. In addition, they will continue to process Volunteers, the DEP and Marine IRR. This will be at a reduced level, however, because some who would volunteer will be precluded from doing so by virtue of induction notices having been issued and the readily available DEP already having been processed. The remaining DEP will process incrementally as school delays terminate. Adding in these categories raises accessions to an average of 5,485 daily.

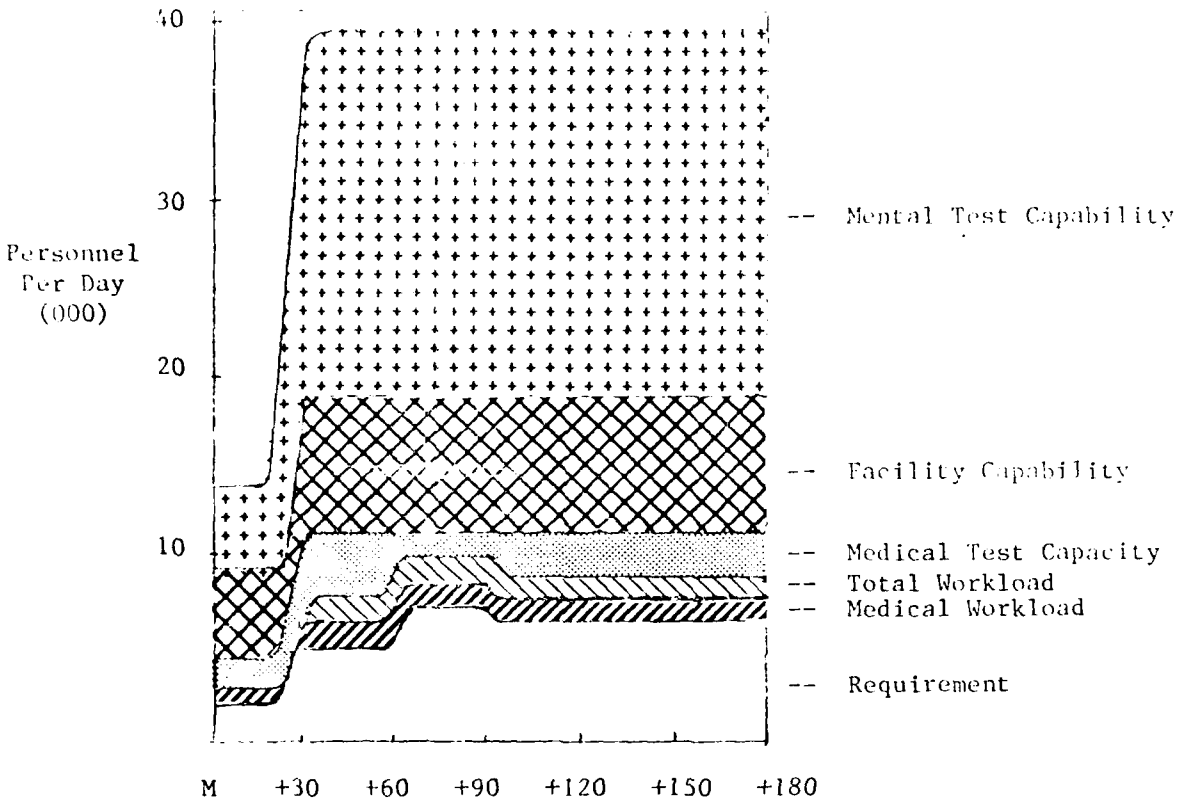
At M+60, SSS will boost its input to provide another 550,000 between M+60 and M+180. This means that the AFEES must induct an average of 5,288 Registrants each day. Other accessions will remain steady and the daily accessions will rise to a peak at 6,927.

At M+90, the Marine Corps IRR should be completely processed. Personnel processing at the AFEES should stabilize at that time and total daily accessions will level off at 6,273.

Processing capability during the first 30 days with current manning (and the addition of the Marine Corps Processing teams) is sufficient to handle planned requirements: MEPCOM plans on building up to a two-shift, six-day operation by M+30 in addition to adding mobilization personnel, including more than 200 doctors. This will give them a capacity in excess of 11,000 physicals per day.

It should be emphasized that medical workload exceeds accessions by about 20% except from M-Day to M+30. During that period medical workload is actually lower than accession requirements because a large number of DEP and IRR will not need full physical examinations. These relationships as well as facility and mental testing capabilities are shown on the following page. Note that planned mental test capability exceeds the capacity of facilities by about 100%.

The AFQES functional capabilities versus requirement can be shown graphically thus:



The additional medical capability planned into the system could serve as an escape valve to handle system surges, additional unprogrammed volunteer enlistments, or processing substantial numbers of personnel from other resource groups.

INTERFACE WITH OTHER ORGANIZATIONS

Upon mobilization, the AFEES becomes the link between the Selective Service System and the Services' training establishments. The policies, activities, and capabilities of each vitally affects the others. Three particular facets of the relationships could cause serious problems in the event of mobilization.

The first of these concerns the SSS and the AFEES. It is planned that the SSS will provide each AFEES with representation, the Selective Service AFEES Representatives (AFREP), who will be responsible for coordination of activities between the two organizations. The AFREP will be responsible for receiving, providing travel pay and transferring records of incoming registrants to the AFEES. The AFREP also will be responsible for assuring that SSS is informed of the disposition of each registrant, and also will arrange transportation for registrants who are delayed or rejected to return home. This is a large task in what is, today at least, a manual environment. The size of the AFREP and its space requirements need to be addressed in more detail, particularly at the smaller AFEES.

Two additional problems involve the AFEES and the Army. First the Army wants to conduct MOS classification at the AFEES in order to ship inductees to branch specific reception/training facilities. This now requires that the Recruit Quota System (REQUEST) be exercised for each individual. At best about 15 minutes would be needed to classify each man. It is understandable that the Army would want to do this; but in view of the mass of men that will be passing through the system, it is too time-consuming. It might be feasible to batch classify based on test achievement and physical category, together with predetermined parameters for each branch/skill.1/

Another potential problem that is brought to focus by Army plans is flow control. The AFEES responds to two stimuli--the ability of SSS to provide registrants and the ability of the training establishments to accept inductees/volunteers. A system of flow control must be established to accommodate everyone's needs and capabilities. The Army intends to front-end load their training base with individual reservists as well as other non-prior service accessions. This could cause serious problems for the AFEES since at some point most training bases will be filled, and flow must slow. When a surge is required again, it will be rapid. Hence a wave/ripple effect could be created that would throw the entire system, from SSS on, into a very inefficient stop and go cycle. Flow control and who is to exercise that control is a complex problem that must be solved.

1/ Discussion with MILPERCEN indicates that work is commencing to adapt REQUEST to a batch mode of operation which would reduce individual transactions to 1-2 minutes.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

The MEPCOM Mobilization Plan and the AFEES capacity to process the required numbers of personnel through M+180 is dependent upon adequate personnel being assigned and trained between M+15 and M+30. In particular, the AFEES plan requires a large number of medical doctors.

Given these personnel, they can accomplish the tasks assigned them and, in fact, will have sufficient capacity to process significantly larger numbers of personnel, if necessary.

This is not to say that there are no problems. The source of the personnel required has not been fixed by the Services. This should be done, so that the AFEES' needs can be filled rapidly with people who require minimum training.

The interface of the SSS and the AFEES is a critical point. Sufficient manpower must be provided to quickly transfer registrants and status informations and return rejects/delays to the SSS system. The present, basically manual, personnel processing systems in effect at both the AFEES and SSS heightens this problem. The advent of ADP systems into both organizations in the near future should go a long way toward alleviating the problem. It is essential that SSS, MEPCOM, the AFEES and the Training Establishments be able to interchange data with systems that are compatible and that they develop a program that is common from registration to delivery of the inductees to the training base.

The question of flow control must be settled in order to make effective use of the total military mobilization system.

RECOMMENDATIONS

The DOD should direct the Services to designate the source of mobilization manpower necessary to fill MEPCOM requirements. Retired and Reserve assets could provide medical doctors as well as other personnel, and the assets excess to recruiting needs could also provide an excellent source of similarly-oriented personnel. In addition, SSS should be requested to review the manning level needed to carry out the functions assigned the AFREP.

The DOD, in conjunction with SSS and the Services, should develop an integrated, compatible ADP program that will provide personnel tracking, manpower accounting, and provide the essential elements of personnel data necessary for induction and classification.

The DOD should fix policy and procedures concerning voluntary enlistment vs. volunteers for induction upon declaration of a national emergency and mobilization.

Each Service should prepare a supporting plan to augment MEPCOM Mobilization Plan 1-79. These plans should identify, at a minimum, personnel resources available to MEPCOM upon mobilization, liaison and coordination procedures, training base plans vis-a-vis AFEES output and ADP interface and support for the system.

MEPCOM, even though it has sufficient capacity to meet its mobilization mission, should, in conjunction with DOD and the Services, examine alternatives that could either reduce manpower requirements or provide greater capacity if it were needed. To wit:

- Removing Marine Corps IRR from AFEES processing purview. These personnel could alternatively be sent directly to receiving stations at Parris Island or San Diego on a geographic basis.

- Sending DEP enlistees directly from homes to reception/ training stations rather than back through the AFEES.

- Rapidly completing deployment of automated test scoring equipment.

- Consider the use of Reserve/National Guard facilities (particularly those with existing medical, messing and billeting facilities) from which units have deployed to serve as holding points in case of system saturation or as alternative or expansion possibilities.

ANNEX A

Processing Requirement

PRODUCTION REQUIREMENT
(x1000)

TIME-PHASING

PERSONNEL SOURCE	M to M+30	to M+60	to M+90	to M+120	to M+150	to M+180	TOTAL
Army							
Volunteers	15	7	7	7	7	7	50
DEP Out	10	4	4	4	4	4	30
Navy							
Volunteers	6	3	3	3	3	3	21
DEP Out	7	3.2	3.2	3.2	3.2	3.2	23
Marines							
Volunteers	4	2	2	2	2	2	14
DEP Out	0	2	2	2	2	2	10
IRR	17	17	17	0	0	0	51
Air Force							
Volunteers	6	3	3	3	3	3	21
DEP Out	4.4	1.4	1.4	1.4	1.4	1.4	11.4
Subtotal	69.4	42.6	42.6	25.6	25.6	25.6	231.4
SSS	0	100	137.5	137.5	137.5	137.5	650
Total	69.4	142.6	180.1	163.1	163.1	163.1	881.4

Based upon a 26-day month, the AFEES must be prepared to enlist/induct the following numbers each day:

M to M+30	to M+60	to M+90	to M+120	to M+150	to M+180
2670	5485	6927	6273	6273	6273

In order to determine the number of full physicals or equivalents required, the following can be applied:

SOURCE	REQUIRES	WORK FACTOR
Volunteers	Full Physical	1.0
DEP Out	Examination	0.1
IRR	*82% Full Physical/ 18% Examination	0.84

*MEPCOM Mob. Plan 1-79, 11 Sep 79.

Standard		Failure Rate Factor
Peacetime Physical	37%	1.58
Mobilization Physical	25%	1.33
Peacetime Mental	51%	2.05
Mobilization Mental	10%	1.11

Using these factors we can compute the number of equivalent physical examinations (work load) that must be accomplished to produce the yields required.

From M to M+30 assume physicals will reflect peacetime standards (worst case)

Category	Requirement	Access/Day	Work Factor	Equiv. Physical	Failure Rate	Workload
Volunteers	31,000	1,192	1.0	1,192	1.58	1,883
IRR	17,000	654	0.84	549	N/A	549
DEP Out	21,400	823	0.1	82	N/A	82
TOTALS	69,400	2,669		1,823		2,514

Changing the Failure Rate to mobilization standards (1.33) would reduce daily work load to 2,216 physicals per day

From M+30 to M+60 daily workload would be: (Mobilization Standards)

Category	Requirement	Access/Day	Work Factor	Equiv.Physical	Failure Rate	Workload
Volunteers	15,000	577	1.0	577	1.33	767
IRR	17,000	654	0.84	549	N/A	549
DEP Out	10,600	408	0.1	41	N/A	41
Inductees	100,000	3,846	1.0	3,846	1.33	5,115
TOTALS	142,600	5,485		5,013		6,472

M+60 to M+90 is the projected peak work period for the AFEES. Using same factors workload would be:

Category	Requirement	Access/Day	Work Factor	Equiv.Physical	Failure Rate	Workload
Volunteers	15,000	577	1.0	577	1.33	767
IRR	17,000	654	0.84	549	N/A	549
DEP Out	10,600	408	0.1	41	N/A	41
Inductees	137,500	5,288	1.0	5,288	1.33	7,033
TOTALS	180,100	6,927		6,455		8,390

From M+90 to M+180 projected processing load remains constant. IRR processing is completed and workload for any thirty day period is:

Category	Requirement	Access/Day	Work Factor	Equip.Physical	Failure Rate	Workload
Volunteers	15,000	577	1.0	577	1.33	767
DEP Out	10,600	408	0.1	41	N/A	41
Inductees	137,500	5,288	1.0	5,288	1.33	7,033
TOTALS	163,100	6,273		5,903		7,841

In summary daily requirements and medical workloads are as follows:

	M to M+30	M+30 to M+60	M+60 to M+90	M+90 to M+120	M+120 to M+150	M+150 to M+180
Requirement	2,670	5,485	6,927	6,273	6,273	6,273
Workload	2,514	6,472	8,390	7,841	7,841	7,841

AFEES CAPACITY

	M to M+30	M+30 to M+60	M+60 to M+90	M+90 to M+120	M+120 to M+150	M+150 to M+180
Stated	4,000	8,000	8,000	8,000	8,000	8,000
Computed	4,760	9,520	9,520	9,520	9,520	9,520
40 Exam/ Doctor	N/A	11,680	11,680	11,680	11,680	11,680

Conclusion:

The AFEES has sufficient capacity to accomplish its currently assigned mobilization mission. Even under a worst case condition (stated capacity doubled) only a small shortfall would exist in the M+60 to M+90 period. This could be accommodated by processing the Marine IRR faster and getting them out of the way by M+60.

Under best conditions (40 physicals predicted, 292 doctors), there exists the possibility of handling, conservatively, another 2,500-2,700 male physicals each day. This could be expected to yield about 2,000 per day. If these people were in retired or reserve status, the impact on the AFEES other than logistically and in the medical and processing sections, would be minimal.